

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57	1					
58		1				
59			1			
60				1		
61					1	
62						1
63						
64						
65						
66						
67	1					
68		1				
69			1			
70				1		
71					1	
72						1
73			1			
74				1		
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97						
98						
99						
100						
TOTAL IND.		2				
TOTAL DEP.		19				
TOTAL CLAIMS	2					